

Foster Family Home - Corrective Action Report

Provider ID: 1-616815

Home Name: Catherine Edades, CNA

Review ID: 1-616815-10

94-1084 Hoomakoa Sreet

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/22/2109

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/25/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/25/19.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 CG#3 has not signed confidentiality/privacy rights training.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

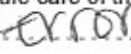
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.7 CG#2 has lapse in TB clearance. No proof of clearance for 2018. Screening done on 3/10/2017, next one completed on 3/18/2019.

41.c CG#2 is missing 2 hours of in-service for 2018.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

~~(3P)(a) Fire The home shall have a written plan of evacuation and safe care of the client away from the home in case of a fire, natural disaster or other emergency. The plan shall be:~~ 

Comment:

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.d.1-2 Client #3 has sider-rails checked in service plan and service-plan also has safety belt checked, no MD orders present.

Foster Family Home

Insurance Requirements

[11-800-51]

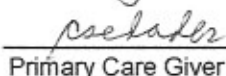
51.(a)(1) General;

Comment:

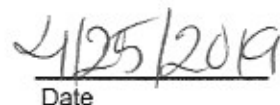
51.a.1 Liability insurance includes 2 caregivers that are removed from CCFFH.



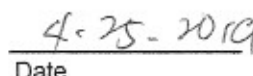
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Catherine Edades

CCFFH Address: 94-1084 Hoomakoa Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.b.5	CG#3 was trained on confidentiality and signed the form. Home placed the form in the administrative binder.	5/3/19	Home understands the importance of such forms. Home will use a checklist of all required forms that needs to be completed and signed and place it on a binder to keep track of all forms needed.
41.b.7	Lapse cannot be corrected. Missed to have it done in 2018.	N/A	Home will use a calendar and/or electronic reminders such as a cellphone to keep track of requirements before they expire. Allowing at least 2 months before they expire to allow ample time to get them done before due date.
41.c	Lapse cannot be corrected. CG#2 needed 2 more hours of in-service; PCG did not know that 12 hours of in-service was needed.	N/A	PCG was notified that CG#2 will need to do 12 hours of in-service in the future as required because PCG has 3 clients in the home.

Primary Caregiver's Signature: *C Edades*

Print Name: Catherine Edades

Date of Signature: 5.22.19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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Chapter 17-1454

CCFFH Name: Catherine Edades

CCFFH Address: 94-1084 Hoomakoa Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.d.1-2	PCG was able to obtain MD orders for sider-rails and safety belt. It was placed into the client's record.	5/7/19	Home understands the importance of such requirements. PCG will make sure that MD orders be present at all times.
51.a.1	2 caregivers are removed from the Certificate of Liability Insurance. Form has been placed into the home binder.	4/30/19	PCG is aware that previous caregivers are not to be included on Liability Insurance; to prevent future mistakes, home will use a checklist created for adding and removing SCG's.

Primary Caregiver's Signature: Catherine Edades

Print Name: Catherine Edades

Date of Signature: 5.22.19